



## Used Motor Vehicle Dealer License Application Form Act 490 Of 1993 As Amended ACA 23-112-601 Through 611

### Information Section

Any person who, for a commission or with the intent to make a profit or gain of money, sells or attempts to sell five (5) or more used motor vehicles registered in that person's name in any one calendar year shall be assumed a "Used Motor Vehicle Dealer". It shall be unlawful for any person to engage in business as a "Used Motor Vehicle Dealer" or to sell a used motor vehicle not his own without obtaining a "Used Motor Vehicle Dealer" license.

1. A Used Motor Vehicle Dealer License Application may be obtained from either local revenue offices, State Police troop headquarters, or by calling 501-618-8617 and 501-618-8606 to have one mailed or faxed.
2. After completing the application in full (be sure to keep current copies for your records), mail application including check (made payable to Arkansas State Police) to Arkansas State Police, Attn: Used Motor Vehicles, #1 State Police Plaza Drive, Little Rock, AR 72209.
3. Little Rock headquarters will process the completed application packet. If deficiencies are noted in either the application or inspection, you will be given time to make necessary corrections.
4. Upon successful review of application, a license will be mailed and a Used Motor Vehicle Dealer Inspector will contact you to set up a date and time to do an inspection.

Used Motor Vehicle Dealer License Certificates will be valid for one year from date of issuance. The Arkansas State Police will collect a license fee of \$250.00 per year to accompany the application. A dealership with more than one location (satellite) may license additional sites for \$125.00 each. However, each site must make individual application.

If a license certificate has been expired for at least thirty-one (31) days but less than six (6) months then the dealer must remit a late fee of thirty-five (\$35.00) dollars before the application will be accepted. A license certificate that is not renewed within six (6) months of its expiration date is considered permanently expired. If a dealer's license has permanently expired, then the dealer may reapply for licensure provided that the dealer completes an application and remits all fees pursuant to this section.

A valid license certificate must be obtained from the Arkansas State Police prior to any dealer making application for a "Master Dealer License Plate" from your local revenue office.

Each dealer shall maintain for display in a conspicuous place at the dealer's business location the license certificate issued by the Arkansas State Police.

The established place of business must be used primarily for the sale of used motor vehicles. A building or residence used as living quarters shall not be considered an established place of business.

The dealership shall have a sign identifying the location as a "Used Motor Vehicle Dealership" and legible from the street road or highway.

The dealership will maintain a filing cabinet(s) or other repository adequate to secure the business records of the establishment under lock and key or combination.

The dealership will be required to have a business telephone, listed in the dealership's name, appearing in the local telephone directory.

If you did not renew your Used Motor Vehicle License for the previous year, you are in violation of Act 490 of 1993 as amended. You need to correct this immediately.

**COMPANY APPLICATION INFORMATION  
SECTION 1**

☐ New - 32001                      ☐ Satellite - 32002                      ☐ Fine - 32004  
  
☐ Renewal - R32001                      ☐ Late Fee - 32003                      ☐ License - 32005

Current Master Tag Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Business Telephone #: (    )                      Home Telephone #: (    )

Fax Number: (    )                      Cell Phone # (    )

Owner's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(First/MI/Last Name)

Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Doing Business As:    ☐ Individual    ☐ Partnership    ☐ Corporation

**IF DOING BUSINESS AS A PARTNERSHIP OR A CORPORATION LIST ALL PERTINENT INFORMATION IN SECTION 2  
OF THIS APPLICATION**

District: \_\_\_\_\_

Date Inspected: \_\_\_\_\_  
(Month/Day/Year)

By: \_\_\_\_\_  
(UMVD Inspector)

Receipt Number (If utilized): \_\_\_\_\_

Active Date: \_\_\_\_\_

**LITTLE ROCK OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
(Month/Day/Year)

By: \_\_\_\_\_  
(Rank/First/MI/Last Name/Badge#)

**FISCAL USE ONLY**

**COMPANY APPLICATION INFORMATION  
SECTION 2**

Corporate Surety Bond Company Name: \_\_\_\_\_

Corporate Surety Bond Company Telephone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Liability Insurance Company Name: \_\_\_\_\_

Liability Insurance Company Telephone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If doing business as a partnership or a corporation, please list all persons, or entities, having ownership interest in the used vehicle dealership (include complete address(s) and telephone number(s).

1. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(First/MI/Last Name)

\_\_\_\_\_  
Address (City) (State) (Zip Code)

2. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(First/MI/Last Name)

\_\_\_\_\_  
Address (City) (State) (Zip Code)

3. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(First/MI/Last Name)

\_\_\_\_\_  
Address (City) (State) (Zip Code)

Names of all salespersons that will represent the dealership.

1. \_\_\_\_\_ 3. \_\_\_\_\_  
(First/MI/Last Name) (First/MI/Last Name)

2. \_\_\_\_\_ 4. \_\_\_\_\_  
(First/MI/Last Name) (First/MI/Last Name)

Name, address and telephone number of the person(s) designated to receive legal process in the event of the commencement of any legal action in any court against the dealership.

1. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(First/MI/Last Name)

\_\_\_\_\_  
Address (City) (State) (Zip Code)

2. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(First/MI/Last Name) ( )

\_\_\_\_\_  
Address (City) (State) (Zip Code)

**SEE REVERSE SIDE**

**COMPANY APPLICATION INFORMATION  
SECTION 2 CONTINUED**

3. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(First/MI/Last Name) ( )

\_\_\_\_\_  
Address (City) (State) (Zip Code)

Have you, or anyone having interest in the dealership, ever been licensed as a new or used car dealer in the State of Arkansas? ☐ Yes ☐ No

If the answer to the above is "yes", please explain: \_\_\_\_\_

\_\_\_\_\_

Have you, or anyone having interest in the dealership, ever had a dealer license revoked or suspended?  
☐ Yes ☐ No

If the answer to the above is "yes", please explain: \_\_\_\_\_

\_\_\_\_\_

**IF ADDITIONAL SPACE IS NEEDED, PLEASE USE THE SPACE BELOW OR ATTACH AN ADDITIONAL  
SHEET TO THIS APPLICATION**

**USED MOTOR VEHICLE DEALERS APPLICATION AFFIDAVIT  
SECTION 3**

Comes now \_\_\_\_\_, and after being duly sworn on oath states  
(Owner Name)  
that the following facts are true and correct.

1. That the photograph included with this application accurately depicts the proposed business location. (If you already have a picture on file with us and there have been no changes, no picture has to be included with your application).
2. That there is in full force and effect a Corporate Surety Bond in the amount of \$25,000 with original documentation attached.
3. That there is in full force and effect a policy on General Liability Insurance covering the applicant's business with original documentation attached.
4. That the place of business proposed in this application is used primarily for the sale of Used Motor Vehicles.
5. That the place of business proposed in this application has a sign identifying the business as a Used Motor Vehicle Dealership and that the sign is clearly legible from the street or highway.
6. That there is in place at the proposed business location a filing cabinet or other repository to secure business records under lock and key or combination.
7. That any issued Used Motor Vehicle Dealership Certificate will be prominently displayed.
8. That I have reviewed the Used Motor Vehicle Dealership Application accompanying this affidavit and I affirm that all responses given in the application, along with all information provided, is accurate and not false or misleading in any respect.
9. I hereby authorize the release of any information relating to the automobile liability insurance that is maintain on behalf of my dealership as listed on this application. This information is to be released to the Arkansas State Police, or any of their designated representatives and shall include the amount of liability I maintain as coverage.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(First/MI/Last Name) (Month/Day/Year)

**PROVIDING FALSE INFORMATION ON THIS APPLICATION IS A VIOLATION OF ARKANSAS LAW AND IS PUNISHABLE TO THE LIMITS AS SET FORTH IN SECTION 11 OF ACT 490 of 1993 AS AMENDED**

This form **MUST** be notarized before submittal to the Arkansas State Police. (Notary Seal must be capable of being copied.)

State Of \_\_\_\_\_ }

County Of \_\_\_\_\_ }

Subscribed and sworn before me a notary public in and for the county aforesaid

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_  

(First/MI/Last Name)

My commission expires: \_\_\_\_\_  

(Month/Day/Year)